

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-014435

FILED APR 30 1962

53

3010

184

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59.

10168

2168

3

4 0

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9451X

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12-0

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 184

1. PLACE OF DEATH

a. COUNTY Cape Girardeau

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Cape GirardeauLength of stay in 1b
42 yearsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION St. Francis HospitalInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Cape Gir.

c. CITY OR TOWN Cape Girardeau

Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
Idan Ha HotelReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
James Allen Jackson

4. DATE OF DEATH April 24, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

1-1-1893

9. AGE (last birthday)

69

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Salesman

10b. KIND OF BUSINESS OR INDUSTRY

Chemical

11. BIRTHPLACE (City and state or country)

Waukegan, Ill.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Albert C. Jackson

13b. MOTHER'S MAIDEN NAME

Elmira Clark

14. NAME OF HUSBAND OR WIFE

Margaret A. Tinsley

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Roy L. Flynn Philadelphia, Pa.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Dissecting Aneurysm
of abdominal aorta

INTERVAL BETWEEN ONSET AND DEATH

4 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from April 20 to April 24-1962 and last saw him alive on April 24-1962
Death occurred at 5 am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

H. H. Key M. D.

22b. ADDRESS

Cape Girardeau Mo

22c. DATE SIGNED

4-25-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

4-26-1962

23c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cemetery

23d. LOCATION (City, town, or county)

Cape Girardeau, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Ford & Sons Cape Girardeau, Mo.

25. DATE RECD. BY LOCAL REG.

4-26-62

26. REGISTRAR'S SIGNATURE

Gene Kasten

(Licensed Embalmer's Statement on Reverse Side)

FEB 6 1963
MAY 22 1962

JUN 12 1962

MAY 4 1962

Del. to Doctor 4-24-62
Picked up 4-25-62

State of Missouri

no post. to be made

0100-11-100

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. J. Ford

Licensed Embalmer No. 5057

P. O. Address Cape Girardeau, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.